

Finance Department
City of Killeen
Unclaimed Property Claim Form
For Business Owner

Mail Completed Form To:
City of Killeen – Finance
Attention: Unclaimed Property
PO Box 1329
Killeen, TX 76540-1329
Fax: (254)501-8984

Claimant is required to provide the City with sufficient documentation to establish Claimant's right to receive unclaimed property. As the Claimant for a business, attach documents supporting your position with the company/business giving you authority to make a claim.

Failure to provide your **identification, signature** or **completion of this claim form** could result in our returning the form to you.

Claimant Information

Name _____ SSN _____

Drivers License # _____ Date of Birth _____

Current Address _____

City _____ State _____ Zip Code _____

Contact Phone Number _____ Email Address _____

Refund due from ☐ Utility Collections ☐ Municipal Court ☐ Other

Indicate below the current status of the business and attach the requested documentation, indicating your authority to act.

_____ A Corporation or Limited Liability Company – Attach a copy of last public information report (PIR) filed with your franchise tax report.

_____ A Professional Association or Non-Profit Corporation – Attach a copy of last annual statement filed with the Secretary of State or a copy of the Articles of Incorporation.

_____ A Private Organization, Group or Association – Attach a document establishing your authority to act.

_____ Sole Ownership of Business – Attach a copy of your Assumed Name Certificate or a copy of your sales tax permits and enter:
Owner's Name _____ SSN _____

_____ A Partnership – Attach a copy of the partnership agreement including the names and social security or FEI number of two partners.

Exceptions – Indicate if applicable and attach copies of requested documents.

_____ Closed – Attach a copy of the Articles of Dissolution (including Attachment A) or Corporate Liquidation form filed with IRS.

_____ Name Changed/Assumed/Merged – Attach a copy of the Change of Name Amendment or Assumed Name Certificate.

_____ Purchased/Sold – Attach a copy of the Buy/Sell Agreement.

Claimant Certification and Signature

The named Claimant certifies that this claim for property presumed abandoned is valid and just, that all statements herein are true and correct, and that upon payment of this claim, Claimant will indemnify and hold harmless the City of Killeen and its' officers and employees from any damages, claims or losses of any kind resulting from the payment of the above described property to Claimant.

Signature _____ Date _____

Office Use Only

Original Check Number _____ New Check Number _____

Amount _____ Date _____ Amount _____ Date _____

Department _____ Employee _____